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DEC 20 2005

PTO/SB/22 (12-04)  
WCSR Form (12/2004)

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).</i>		<b>Docket No. : A202 1050</b>																	
Serial Number	10/068,686	Filed	February 6, 2002																
In re Application of	Libby et al.																		
For:	Multi-Task Window																		
Group Art Unit:	2673	Examiner:	Nguyen, Jimmy H.																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 120</td><td>\$ 60</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ 450</td><td>\$ 225</td><td>\$ _____</td></tr><tr><td colspan="3">(One month already paid - \$450 minus 120)</td><td><u>\$330.00</u></td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>09-0528</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>39,893</u></p> <p><u>Nanda K. Alapati</u> Nanda K. Alapati</p> <p><u>December 20, 2005</u> Date</p> <p>Telephone Number: 703-394-2216</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input type="checkbox"/> _____ forms are submitted.</p>					<u>Fee</u>	<u>Small Entity</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225	\$ _____	(One month already paid - \$450 minus 120)			<u>\$330.00</u>
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